

## CLEANROOM TOOL TRAINING FORM

PLEASE **FILL OUT** THIS FILLABLE PDF OR **TYPE/PRINT** THE INFORMATION REQUESTED. PLEASE FILL OUT A SEPERATE FORM FOR EACH INSTRUMENT.

### **INSTRUMENT:**

*Training prerequisites and Notes:*

*(1) XPG2 EBL pattern generator Requires: JEOL SEM Training*

### **USER INFORMATION:**

Please Type or Print Clearly

USER NAME: \_\_\_\_\_ EUID #: \_\_\_\_\_

DEPARTMENT/COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADVISOR'S NAME: \_\_\_\_\_

ADVISOR'S E-MAIL: \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_

*The signer is agreeing to take financial responsibility for the cost of the training and use of the instrument by this user. See [https://nanofabrication.unt.edu/sites/default/files/unt\\_cleanroom\\_user\\_fee\\_schedule\\_10\\_18\\_16.pdf](https://nanofabrication.unt.edu/sites/default/files/unt_cleanroom_user_fee_schedule_10_18_16.pdf) for equipment rates and usage policies.*

### **TRAINING INFORMATION:**

Please Type or Print Clearly

Have you taken a characterization class covering this technique? If yes, which one and when? Yes ☐ No ☐

\_\_\_\_\_

Do you have any previous experience operating this type of instrument? If yes, please explain. Yes ☐ No ☐

\_\_\_\_\_

What do you hope to measure with this instrument?

\_\_\_\_\_

What materials do you anticipate analyzing with this instrument?

\_\_\_\_\_

How often do you anticipate using this instrument during the week? \_\_\_\_\_ hours